

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043829

Entity Name: BOYETTE SW, LLC

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

13226 BOYETTE RD.
RIVERVIEW, FL 33569

New Principal Place of Business:

Current Mailing Address:

212 E. CASS ST.
TAMPA, FL 33602

New Mailing Address:

208 E. CASS ST.
TAMPA, FL 33602

FEI Number: 20-2903190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HINES, JAMES P
315 HYDE PARK AVENUE
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: MASOOD, KHAN K
Address: 212 E CASE ST.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: KHAN, NANCY C
Address: 212E CASE ST.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: KHAN, KHALID J
Address: 212 E CASE ST.
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: MASOOD, KHAN K
Address: 208 E CASS ST.
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: KHAN, NANCY C
Address: 208 E CASS ST.
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: KHAN, KHALID J
Address: 208 E CASS ST.
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MASOOD K KHAN

D

02/13/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date